

No. 300  
-10-47  
5-17-39  
2-1 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32829**  
**3947**  
Registrar's No.

FILED NOV 4 1948  
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **5814 Thompson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 years**  
(Specify whether years, months or days)  
In this community **11 years**

3. (a) PRINT FULL NAME **ANNIE FAY CHITWOOD**  
(b) If veteran, name war **no**  
(c) Social Security No. **none**

4. Sex **fe**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **mar.**  
(b) Name of husband or wife **Earl M.**  
(c) Age of husband or wife if alive **51 years**  
7. Birth date of deceased **December 14 1898**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **9** Days **14**  
If less than one day hr. min.

9. Birthplace **West Plains Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home maker**

11. Industry or business **at home**

12. Name **Will Duckering**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mable Burns**  
15. Birthplace **Wisc**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl M Chitwood**

(b) Address **5814 Thompson**

17. (a) **Burial** (b) Date thereof **9-30-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Moriah**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc**

(b) Address **2825 Independence Blvd**

19. (a) **9-29-48** (b) **Steraline Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5814 Thompson**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **28**  
year **48** hour **4:30** minute **A** M.

21. I hereby certify that I attended the deceased from **6-1-1948 to 9-20-1948**  
that I last saw her alive on **9-20-1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**  
Due to **Hypertension**

Due to

Other conditions (Include pregnancy within 3 months of death) **94 a**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature **Steraline Holmes** (M. D. or other)

Address **6518 Lindbergh Ave** Date signed **9-29-48**

NOV 8

1949

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*DDC4.*

....., Registered Apprentice No. *274*

working under my personal supervision.

Signed.....

*O K McFarland*

Licensed Embalmer No. *4397*

P. O. Address.....

*Kansas City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.